

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99702. Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years 13/4 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Maternity

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Nursery & Child's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Mal-nutrition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 9

Undertaker, C. H. Blizard

Place of Business, 1139 Pen Ave Address,

C. H. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99703. Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, Alfred W. McKee
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Clothing Cutter

Birth Place, Norfolk Va
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 22 years

Place of Death, George St # 730
{ Give Street and Number. }

Cause of Death, Congestion of the brain induced by alcoholic stimulants
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 10

{ Undertaker, C. H. Blizard

{ Place of Business, 1139 Pen an Address.

L. S. Sparrow M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ~~Board of Health~~ and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9970 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lennis Cole

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 Years, Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md.

Duration of Residence in the City of Baltimore, 10 Yrs. & 10 Mo.

Place of Death, { Give Street and Number. } 748 Ryan St.

Cause of Death, { First (Primary), Second (Immediate), } acute rheumatism
Paralysis of heart,

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenhill Cemetery

Date of Burial, May 10 1887

Undertaker, Herbert Press E. H. Hoffmann M. D.

Place of Business, 702 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99705

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Joseph M Yackey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty Two (52) Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Mariner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No. 1641 E. Fayette St.

Cause of Death, { First (Primary), Albuminuria

{ Second (Immediate), Heart (Hydrothorax)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 11, 1887

{ Undertaker, John W. Jackson

{ Place of Business, Day & Carolan

Address, No. 418 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99706 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Bergman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (6 yrs. in Am.)

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 10th 1887

Undertaker, A. Pink Lane Oscar J. Barker M. D. Medical Attendant.

Place of Business, 915 N. Gay St. Address, 614 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99707

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

MAY 9 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barney Ward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Whitcomb St -
Pere Comites.

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

3 days 8.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery.

Date of Burial, May 11th 1887.

{ Undertaker, Martin Bailey.

St J. Avenue

M. D.

Medical Attendant.

{ Place of Business, 606 N. Townsend St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99708 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 Years, 1 Months, 1 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } No 1106 Parvish alley

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, since its birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 10 1887

Undertaker, Samuel W. Chase MS K Warner M. D.

Place of Business, 641 S. Howard St Address, 901 Snicker BR

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed: 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99709 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas W. Cooper

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 11 Months, ✓ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 143 Chestnut St

Cause of Death, { First (Primary), _____
Second (Immediate), Marasmus }

Duration of Last Sickness, almost all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 1887

{ Undertaker, S. W. Chase } H. A. Goodman M. D. Medical Attendant.

{ Place of Business, 641 Howard St } Address, 633 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99710 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10. 87

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Eona Kemp

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 7 Years, 8 Months, 2 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. ✓

Occupation, _____

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, Give Street and Number. 305 N. Greene St

Cause of Death, First (Primary), Premature Birth
Second (Immediate), non viability

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 11/87.

Undertaker, John A. Murray

Place of Business, 35 Park Ave & Broadway

Medical Attendant, W. F. A. Kemp M. D.

Address, 305 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99711 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } E. Appelbaum
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 45- Years, - Months, - Days,

Color, White
Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }
Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Gloversville - N. Y.

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, { Give street and Number. } Carrollton Hotel - Balto. & Light St.

Cause of Death, { First, (Primary,) Peri-typshilitis & peritonitis
Second, (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, May 12/87

Undertaker, Stewart & Son M. D.,

Place of Business, 35 N. Broadway Address, 18 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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